

EXAMINATION APPLICATION FORM

PART 1: CANDIDATE'S PERSONAL DETAILS (TO BE FILLED IN CAPS)

SURNAME.....FIRST NAME.....MIDDLE NAME.....
INDEX NUMBER.....FILE NUMBER.....NATIONAL ID NUMBER.....
EMAIL ADDRESS.....MOBILE NUMBER.....
INSTITUTION TRAINED.....YEAR OF COMPLETION.....

PART 2: EXAMINATION DETAILS

EXAMINATION SERIES: MAY NOVEMBER EXAM CENTRE.....
EXAMINATION LEVEL: DEGREE DIPLOMA CERTIFICATE
EXAMINATION TYPE: FOR RE-SIT INDICATE SERIES OF LAST: YEAR.....MONTH.....

ORDINARY FULL PAPER RE-SIT (PLEASE TICK SUBJECTS APPROPRIATELY)

MICROBIOLOGY	<input type="checkbox"/>
CLINICAL CHEMISTRY	<input type="checkbox"/>
HEMATOLOGY	<input type="checkbox"/>
BLOOD TRANSFUSION	<input type="checkbox"/>
HISTOLOGY	<input type="checkbox"/>
PARASITOLOGY	<input type="checkbox"/>
PRACTICALS	<input type="checkbox"/>

Please note the minimum requirements for Medical Laboratory Science are;

Bachelor of Science:-

English/Kiswahili c+, Mathematics/Physics-c+, Biology c+, Chemistry c+. Mean Grade c+

Diploma Level:-

English/Kiswahili c, Mathematics/Physics c, Biology c, Chemistry c. Mean Grade c

Certificate Level:-

English/Kiswahili c-, Mathematics/Physics D+, Biology c-, Chemistry c- Mean Grade c-

MANDATORY ATTACHMENTS; Copy of

1. National Identity Card
2. Form IV-KCSE Certificate
3. College Certificate and transcripts
4. Indexing card

Please carry the original Documents for Certification

I AGREE THAT ALL COMMUNICATION TO MYSELF SHALL BE TRANSMITTED THROUGH THIS NUMBER.....AND I ALSO DECLARE THAT THE ABOVE INFORMATION IS TRUE.

DATE..... SIGNATURE.....

PART 3: OFFICIAL USE ONLY

AMOUNT PAID: FULL PAPER: KSHS..... SPECIAL PAPER: KSHS.....

NO. OF RE-SITS..... AMOUNT PER PAPER: KSHS..... TOTAL AMOUNT: KSHS.....

PAID BY (PLEASE INDICATE NUMBER): CHEQUE..... BANKSLIP..... MPESA.....

RECEIVED BY:..... SIGNATURE..... DATE.....

EDUCATION OFFICE COMMENT: ALLOW TO SIT FOR EXAM YES NO

REASON.....

CHECKED BY..... SIGNATURE..... DATE.....